

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/980881

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2	1						51						
3		1					52						
4		2					53						
5		2					54						
6		2					55						
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10		2					59						
11	1						60						
12		2					61						
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47							96						
48							97						
49							98						
50							99						
51							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.		10					TOTAL DEP.						
TOTAL CLAIMS	1	10					TOTAL CLAIMS						

Best Available Copy